

**my|CalPERS Update**  
**for**  
**Dental Carriers and**  
**Associations**

June 18, 2009





# Agenda

- 
1. Welcome and Introductions
  2. Project Update
  3. Benefits of my|CalPERS
  4. my|CalPERS Touchpoints & Dental Carrier Packet
  5. Testing Activities
  6. Training Activities
  7. Key Dates and Next Steps
  8. Questions and Answers



# my|CalPERS Project Update

- Application Development
  - Entire system will be built this summer
  - Internal and external users are currently participating in system test activities
  - Test activities will continue through March 2010



## Benefits of my|CalPERS

- No Paper – Daily electronic enrollment and demographic data updates
- Full file available upon request
- More demographic detail
- Dependent information
- Continue to receive deduction register files
- Online discrepancy reporting
- Online dental enrollment inquiry screens



## Current Environment



File Transfer



Monthly and Yearly Enrollment Files



Deduction Register (ASCII)

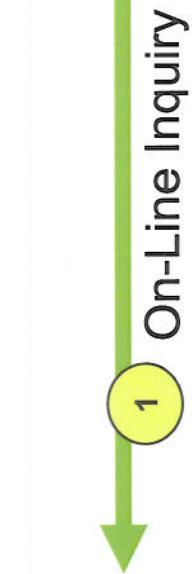
*Health Benefits Branch*



# my|CalPERS Touchpoints



Dental Carriers &  
Associations



Discrepancy Reporting



my CalPERS

View Deduction Register Reports



On-Line

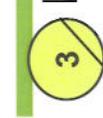
File Transfer



S-FTP



COBRA (XML)



Health Benefits Branch



## Dental Carrier Information Packet

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## Walkthrough of Dental Carrier Information Packet



CaPERS NEW BUSINESS SYSTEM:  
my|CaPERS

## **California Public Employees' Retirement System (CaPERS)**

### **Dental Carrier Information Packet #1 (Update V1.01)**





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## 1. PURPOSE OF DOCUMENT

The purpose of this Information Packet is to inform Dental Carriers and Associations about changes that will alter the way in which California Public Employees' Retirement System (CalPERS) requires Dental Carriers and Associations to share information and do business, beginning in Spring 2010.

## 2. REVISION HISTORY

DATE	REVISION NUMBER	REVISION DESCRIPTION
05/01/2009	1.0	Original version
06/16/2009	1.01	<ul style="list-style-type: none"><li>• Updates to XML tools table in Section 10.2</li><li>• Added references to CalPERS Online web site content</li><li>• Added list of valid values for Benefit Termination Reason in Section 7.3 Create Deduction Register (Outbound File)</li></ul>

## 3. PROJECT BACKGROUND & SCHEDULE OF EVENTS

CalPERS is integrating several of its business systems and expanding member, employer, and dental carrier self-service capabilities. CalPERS will integrate most of the new capabilities through the my|CalPERS web-based system. Since CalPERS does not currently send enrollment and maintenance data to the dental carriers using the ANSI 834 format, we've planned additional activities to make sure our dental trading partners are ready when my|CalPERS goes live.

The schedule below shows projected dates for project meetings, testing activities, and other CalPERS communications with the Dental Carriers and Associations. The schedule of activities and events will be updated on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CalPERS Readiness for Dental Plan Carriers](#).



## CalPERS NEW BUSINESS SYSTEM: my|CalPERS

June 16, 2009

ACTIVITY	TIMEFRAME
Website Information Available to Dental Carriers	May 2009
Dental Carrier Information Packet #1	June 2009
Dental Carrier Meeting & Completion of the Readiness Survey	June 18, 2009
Dental Carrier Technical Walk Through Meetings	July 2009
Preliminary Testing Activities	July 2009 – October 2009
My CalPERS Testing Activities	November 2009 – March 2010
System Go-Live	April 19, 2010

Since we are just beginning the process of moving to the ANSI 834 format, we ask all of our dental carriers to complete a survey. The survey asks questions regarding your level of readiness to make that transition. Please make sure to complete the survey and return it to us June 18, 2009 if possible. If you need time to complete the survey, please complete it as soon as possible, and send to:

[MyCalPERS\\_Health\\_Team@CalPERS.ca.gov](mailto:MyCalPERS_Health_Team@CalPERS.ca.gov). Once we receive your survey, we can schedule the technical walk through.



## 4. SUMMARY OF CHANGES FOR DENTAL CARRIERS

The following table describes the changes in Dental Carrier and Associations' interaction with CalPERS, based on implementation of the new system and the specifications included in this packet. Each column should be interpreted as follows:

- Area – The business function being described
- Not Changing – Aspects of the Area that are not impacted or not changing for the Dental Carrier
- Changing – Aspects of the Area that are impacted or changing for the Dental Carrier

#	Area	Not Changing	Changing
1	Enrollment	<p><u>Dental Carrier:</u></p> <ul style="list-style-type: none"><li>• Data elements received today.</li></ul> <p><u>CalPERS</u></p> <ul style="list-style-type: none"><li>• Continue being the system of record for dental enrollment information</li></ul>	<p><u>Dental Carrier:</u></p> <ul style="list-style-type: none"><li>• Start receiving daily dental enrollment transactions electronically using the ANSI 834 file format</li><li>• Start receiving complete subscriber account information. This includes, but is not limited to, information on dependents, disabled dependents, COBRA, dates of death, terminations, and plan changes.</li><li>• Start using the full ANSI file which contains a snapshot of dental enrollment transactions for all Subscribers for a specific effective date.</li></ul> <p><u>CalPERS:</u></p> <ul style="list-style-type: none"><li>• Start using the ANSI 834 file format to report dental enrollment and maintenance transactions to Carriers and Associations</li><li>• Start storing dependent address information</li><li>• Start using the full ANSI file which contains a snapshot of dental enrollment transactions for all Subscribers for a specific effective date.</li></ul>



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#	Area	Not Changing	Changing
2	COBRA	• N/A	<u>Dental Carrier:</u> <ul style="list-style-type: none"><li>• Start receiving daily enrollment and change data for COBRA enrollees.</li><li>• Start reporting cancellations of COBRA enrollments due to non-payments through the Dental termination file</li><li>• Start sending the Dental termination file via FTP</li></ul>
3	Deduction Register (only applicable to DPA Dental Carriers)	<u>Dental Carrier:</u> <ul style="list-style-type: none"><li>• For Dental Carriers under DPA, continue receiving a report that lists the PEMHCA dental deductions/premiums for State/CSU Annuitants and CAHP.</li></ul>	<u>Dental Carrier:</u> <ul style="list-style-type: none"><li>• File Format for Deduction Register is XML</li><li>• For Dental Carriers under DPA, start having the capability to receive information through an interface about the PEMHCA deductions for State Annuitants that were withheld against an annuitant's retirement allowance during CalPERS monthly Benefit Roll process as well as the Employer Share and Dental Premium amount</li></ul>
4	Online Screens and Reports	New for Dental Carriers	New for Dental Carriers

Dental Carriers will continue to work with the Dental Program Administrators (e.g., Department of Personnel Administration (DPA), CSU Chancellor's Office, or California Association of Highway Patrol (CAHP)), as the carrier contracts remain with them. The Dental Program Administrators will continue to notify CalPERS when there are dental eligibility discrepancies and CalPERS will update Members' dental enrollment, as they do today.



## 5. BUSINESS RULE UPDATES

The following section describes the three most significant business rule changes that Dental Carriers and Associations will experience with the my|CalPERS implementation.

### 5.1. *CalPERS Unique Identifier and SSN's*

The new MyCalPERS system uses a unique identifier for each business partner, subscriber, and dependent. However, CalPERS will not require Dental Carriers/Associations to use the CalPERS Unique Identifier for any file sent between the Dental Carrier and CalPERS. The SSN will be the provided identifier for the ANSI 834 files CalPERS sends to the Dental Carriers. The SSN will be an acceptable identifier for the enrollment files the Dental Carriers send to CalPERS. The CalPERS Unique ID will be a data element on the Deduction Register.

Dental Carriers/Associations will have access to on-line screens where they will be able to search and view specific subscriber and dependent information. The screens and reports will mask Subscriber and Dependent SSN

### 5.2. *No Paper Transactions*

CalPERS will send all dental enrollment transaction updates to the Dental Carriers/Associations electronically using the ANSI 834 file format. CalPERS' requires that all Dental Carriers/Associations accept the electronic ANSI 834 file as the dental enrollment and demographic notification. CalPERS will not generate any paper dental enrollment transactions for Dental Carriers/Associations.



## 6. INTERFACE SUMMARY TABLE

The following table provides a summary of all Dental Carrier/Association interfaces. Details regarding these interfaces are available in the following section or in supporting technical documentation.

Interface Name	Short Description	Technical Format	Transport Mechanism & Encryption	Frequency & Other Resources
Send Dental Enrollment Updates to Carriers/Associations (Outbound File) (IA50043)	Dental Carriers/Associations receive daily or full file dental enrollment changes per the ANSI file format (includes demographic changes).	ANSI X.12N 834	SFTP <u>PGP</u>	Daily and On-Demand (for full file) CalPERS Dental Companion Guide
Dental Termination Inbound File – for Enrollment Cancellation of Coverage due to Non-Payment (COBRA) (IA50029)	Dental Carriers/Associations send CalPERS enrollment cancellations due to non-payment for COBRA via file transfer.	XML	SFTP <u>PGP</u>	Monthly XML Schema Deduction Type Code Set
Create Deduction Register (Outbound File) (IA20010)	Dental Carriers/Associations have the option to receive deduction registers electronically via file transfer.	ASCII Fixed Length	SFTP <u>PGP</u>	Monthly
Deduction Register Report(s) (IA20016)	Dental Carrier/Associations may view/download deduction register information through PSR online screens.	Web Online Report	HTTPS 128-Bit SSL	As Needed
Premium & Enrollment Discrepancy Requests	Dental Carriers/Associations must use PSR to communicate premium and enrollment discrepancies to CalPERS. Dental Carriers/Associations can upload and download a file (Excel, Word, etc.) through PSR.	Any (file is uploaded). Most likely Excel or Word	HTTPS 128-Bit SSL	As Needed



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Interface Name	Short Description	Technical Format	Transport Mechanism & Encryption	Frequency & Other Resources
On-line Dental Enrollment Inquiry	Dental Carriers/Associations may view Subscriber and Dependent dental enrollment information on-line.	Web Screens Web Reports	HTTPS 128-Bit SSL	As Needed



## 7. INTERFACE DETAILS

This section describes the interface file formats that will be used in my|CalPERS between CalPERS and Dental Carriers/Associations.

### 7.1. Send Dental Enrollment Updates to Carriers (Outbound File)

On a daily basis, my|CalPERS will create and encrypt ANSI 834 dental enrollment files for Dental Carriers/Associations that contain incremental daily changes. The ANSI 834 file will be available for Dental Carriers/Associations to download via FTP. Separate ANSI 834 files will be created for each Dental Carrier/Association. The daily files will contain all dental enrollment updates (including rescinded transactions) and demographic changes effective since the previous transmission. The enrollment file will include information for both subscribers and dependents.

The my|CalPERS System will also handle requests from the Carriers for a full ANSI file. The format of the file is the same as the incremental daily change file, but the data included provides the Dental Carrier/Association with a snapshot of all their Subscribers' dental enrollments for a specific effective date.

Although CalPERS is providing information for both Subscribers and Dependents through the ANSI files, CalPERS is not dictating that Dental Carriers use or store Dependent information. Each Dental Carrier should determine whether it is appropriate or beneficial to use the Dependent information provided. CalPERS recommends that the Dental Carriers use the most current Subscriber information.

For detailed information about the changes to the daily and full ANSI 834 files, please see the CalPERS Companion Guide 2.1 located on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CalPERS Readiness for Dental Plan Carriers](#).

### 7.2. Dental Termination Inbound File

The Dental Carriers/Associations with the "Dental Enrollment Inbound File Interface" will be able to update my|CalPERS regarding cancellations for COBRA (including CalCOBRA) subscribers' dental accounts. The Dental Carriers/Associations are responsible for initiating cancellation of dental coverage due to non-payment. Dental Carriers/Associations will submit a file containing transactions to cancel dental enrollment for COBRA subscribers on a scheduled basis via this interface.

Dental Carriers/Associations will cancel COBRA through the Dental Enrollment file as shown below:



CalPERS requires Dental Carriers/Associations to produce XML files that conform to the XSD. Dental Carriers/Associations should use the XSD to develop or alter their systems to comply with CalPERS new data file submission standards. The XML Schemas are located on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CalPERS Readiness for Dental Plan Carriers](#).



SOAP Envelope



Common Utilities Health Enrollment  
Inbound



The following describes how the content of the Dental Enrollment XML files exchanged between Dental Carriers/Associations and CalPERS must be structured. This file will be structured as a SOAP Envelope.

#### Envelope

- The interface file must contain a root element named "Envelope" with the namespace identifier of "http://schemas.xmlsoap.org/soap/envelope/"
- An envelope MUST have exactly one child element called soap:Header
- An envelope MUST have exactly one child element called soap:Body
- An envelope MUST NOT have any element children of soap:Envelope following the soap:Body element

#### Header

- The soap:Header element must have one child element named HeaderInfo with the namespace identifier of "http://calpers.ca.gov/PSR/CommonUtilitiesV1"

#### Body

- The soap:Body element of a file **inbound to CalPERS** must have one child element named RetirementHealthEnrollment with the namespace identifier of "http://calpers.ca.gov/PSR/RetirementHealthTransactionsV1"
- The soap:Body element of a file **outbound from CalPERS** must have one child element named RetirementHealthResponse with the namespace identifier of "http://calpers.ca.gov/PSR/RetirementHealthTransactionsV1"

### **7.3. Create Deduction Register (Outbound File)**

The "Create Deduction Register for Vendors Interface" will provide DPA Dental Carriers/Associations with information about PEMHCA dental deductions for State Annuitants and CAHP. This interface is not applicable to CSU Dental Carriers.

For both groups, this interface will include the following:

- Qualified Dental Carrier specific deduction(s) for the vendor's participants (e.g., only deductions that the vendor services)
- Deductions associated to a coverage month that was collected from the Annuitant and/or Employer on the vendor's behalf

For the State Annuitants, this interface will provide Dental Carriers/Associations with information about PEMHCA deductions that were withheld against an annuitant's retirement allowance during CalPERS monthly Benefit Roll process as well as the Employer Share and Dental Premium amount.

Dental Carriers are provided the information electronically via this interface after the Monthly Benefit Roll process has run. Dental Carriers that opt out of receiving this information through an interface, can log onto my|CalPERS and download a report which contains PEMHCA dental deduction information taken for a particular month.



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The file that Dental Carriers/Associations will download consists of the following fields:

ID	FIELD	DESCRIPTION	TYPE	R / O / C	FIELD VALUES	LENGTH						
<b>Deduction File Out</b>												
1	Business Partner	Unique ID (CalPERS ID) for every vendor who receives the deduction files. Identifies the vendor that is receiving the PEMHCA deductions.	Integer	R	#####	10						
2	Organization Name	Descriptive name associated with the Business Partner	String	R	This field can contain alphanumeric characters	80						
3	Roll Month	Business month that roll is for	Date	R	yyyy-mm	7						
4	Warrant Issued Date	Date that the warrant is issued	Date	R	yyyy-mm-dd	10						
5	Participant ID Type	Type of unique Participant identifier  For PEMHCA deductions this will be SSN.	Code	R	<table border="1"><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS ID</td><td>PID</td></tr></tbody></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS ID	PID	3
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS ID	PID											
6	Participant ID	This field will contain the unique identifier for each member opting to allow a deduction. Identifies the Benefit Recipient receiving retirement benefits from CalPERS.  If SSN is selected as Person ID Type, the number should be submitted using the following format: <ul style="list-style-type: none"><li>• The Social Security Number must be nine digits</li><li>• Social Security Numbers cannot start with 8, 9, or</li></ul>	Integer	R	##### (SSN) ##### (CalPERS ID)	10						



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ID	FIELD	DESCRIPTION	TYPE	R / O / C	FIELD VALUES	LENGTH
		<p>666</p> <ul style="list-style-type: none"><li>Each section of the Social Security Number cannot be all zeroes (i.e., 000XXXXXX, XXX00XXXX, and XXXXX0000 are each prohibited)</li></ul> <p>The CalPERS ID is a new unique identifier, which will be created by the new system during enrollment and will be used to identify participants when sharing data with CalPERS. It will be used in place of a Social Security Number in contribution files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS ID for each of their existing employees.</p> <p>The CalPERS ID is 10 digits in length.</p>				
7	First Name	<p>The Payee's first name</p> <p>Only alpha and should allow blank space, hyphens (-), and apostrophes (').</p>	String	R	xxxxxxxxxxxxxxxxxxxx	20
8	Middle Name	<p>The Payee's middle name</p> <p>Only alpha and should allow blank space, hyphens (-), and apostrophes (').</p>	String	O	xxxxxxxxxxxxxxxxxxxx	20
9	Last Name	<p>The Payee's last name</p> <p>Minimum of one alpha character.</p> <p>Can not start with blank.</p>	String	R	xxxxxxxxxxxxxxxxxxxx xxxxxxxxxx	30



ID	FIELD	DESCRIPTION	TYPE	R / O / C	FIELD VALUES	LENGTH												
		Only alpha and should allow blank space, hyphens (-), and apostrophes (').																
<b>Participant Deduction Info</b>																		
10	Payee Account ID	<p>Identifies the Account for the deduction.</p> <p>A composite of Payee-type and originating benefit member ID and a unique sequence number.</p> <p>Both numbers and alpha characters are acceptable.</p>	String	R	xxxxxxxxxxxxxxxxxxxx	20												
11	Program Type Code	To identify the program that the participant is receiving its benefits from.	Code	R	<table border="1"><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>California Public Employees' Retirement System</td><td>CPE</td></tr><tr><td>Judges' Retirement System</td><td>JR1</td></tr><tr><td>Legislators' Retirement System</td><td>LRS</td></tr><tr><td>Judges' Retirement System II</td><td>JR2</td></tr><tr><td>Health</td><td>HLT</td></tr></tbody></table>	LONG NAME	CODE VALUE	California Public Employees' Retirement System	CPE	Judges' Retirement System	JR1	Legislators' Retirement System	LRS	Judges' Retirement System II	JR2	Health	HLT	3
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Judges' Retirement System	JR1																	
Legislators' Retirement System	LRS																	
Judges' Retirement System II	JR2																	
Health	HLT																	
12	Benefit Termination Reason	Identifies the reason for termination of benefits.	Code	O	<table border="1"><thead><tr><th>LONG</th><th>CODE</th></tr></thead><tbody></tbody></table>	LONG	CODE	3										
LONG	CODE																	



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ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH																						
					<table border="1"><thead><tr><th>NAME</th><th>VALUE</th></tr></thead><tbody><tr><td>Death</td><td>DTH</td></tr><tr><td>Marriage/ Domestic Partnership</td><td>MDP</td></tr><tr><td>Expiration of benefit</td><td>EBT</td></tr><tr><td>Cancellation of benefit</td><td>CNB</td></tr><tr><td>Mandatory Reinstate- ment</td><td>MDR</td></tr><tr><td>Voluntary Reinstate- ment</td><td>VRS</td></tr><tr><td>No Longer Disabled</td><td>NLD</td></tr><tr><td>Child Attains Age 18</td><td>C18</td></tr><tr><td>Child Attains Age 22</td><td>C22</td></tr><tr><td>Child No Longer Student</td><td>CLS</td></tr></tbody></table>	NAME	VALUE	Death	DTH	Marriage/ Domestic Partnership	MDP	Expiration of benefit	EBT	Cancellation of benefit	CNB	Mandatory Reinstate- ment	MDR	Voluntary Reinstate- ment	VRS	No Longer Disabled	NLD	Child Attains Age 18	C18	Child Attains Age 22	C22	Child No Longer Student	CLS	
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Child Attains Age 18	C18																											
Child Attains Age 22	C22																											
Child No Longer Student	CLS																											
13	Benefit Termination Date	The date when benefits were terminated.  This field is required if a Benefit Termination Reason is given.	Date	C	yyyy-mm-dd	10																						
14	Deduction Exceed Gross Indicator	Gross allowance is not enough to cover all of the deductions.	Boolean	R	True False	5																						
Deduction Detail																												
15	Deduction Type Code	Identifies the type of deduction	Code	R	See Section 7.3.1 for	3																						



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ID	FIELD	DESCRIPTION	TYPE	R / O / C	FIELD VALUES		LENGTH								
		for the Participant.			Deduction Type Code Values										
16	PEMHCA Plan Code	Health or Dental plan code for PEMHCA deductions.  The first three digits of this field will contain the Base Plan Code Values. The last digit will be the Party Identifier.	String	C			4								
17	UC Plan Code	Health or dental plan code for UCRS deductions. The first three digits of this field will contain the UC Plan Code Values. The last digit will be the Party Identifier.	String	C			4								
18	Deduction Frequency	This field identifies a deduction as either a regular/on-going "Monthly" deduction, "Single Occurrence "One-Time" adjustment deduction, or a specified timeframe "Limited Term" deduction.	Code	R	<table border="1"><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Deduction is taken monthly</td><td>REG</td></tr><tr><td>Deduction is taken once</td><td>1TD</td></tr><tr><td>Deduction is taken for a period of time</td><td>LTD</td></tr></tbody></table>		LONG NAME	CODE VALUE	Deduction is taken monthly	REG	Deduction is taken once	1TD	Deduction is taken for a period of time	LTD	3
LONG NAME	CODE VALUE														
Deduction is taken monthly	REG														
Deduction is taken once	1TD														
Deduction is taken for a period of time	LTD														
<b>Payee Amount Info</b>															
19	Amount Type	Identifies the type of the amount for the payee's deduction.	Code	R	<table border="1"><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Employer Share Amount</td><td>ESA</td></tr><tr><td>Total Premium Amount</td><td>TPA</td></tr><tr><td>Outstanding</td><td>OBA</td></tr></tbody></table>		LONG NAME	CODE VALUE	Employer Share Amount	ESA	Total Premium Amount	TPA	Outstanding	OBA	3
LONG NAME	CODE VALUE														
Employer Share Amount	ESA														
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ID	FIELD	DESCRIPTION	TYPE	R / O / C	FIELD VALUES	LENGTH				
					<table border="1"><tr><td>Balance Amount</td><td></td></tr><tr><td>Payee Amount</td><td>PEA</td></tr></table>	Balance Amount		Payee Amount	PEA	
Balance Amount										
Payee Amount	PEA									
20	Amount	<p>The amount that was withheld from the benefit recipient's allowance.</p> <p>This field can contain positive and negative numbers, and zero.</p>	Decimal	R	#####.##	8				

Deduction Misc. Info

21	Deduction Start Date	<p>This field specifies the beginning of the coverage period for the deduction.</p> <p>This field is populated based upon the type of deduction being referenced.</p> <p>This field will only be populated if the deduction type is one time or limited term.</p> <p>When deduction type is monthly, this field will not be included in the XML file.</p>	Date	C	yyyy-mm-dd	10
22	Deduction End Date	<p>This specifies the end of the coverage period for the deduction.</p> <p>This field is populated based upon the type of deduction being referenced.</p> <p>This field will only be populated if the deduction type is one time or limited term.</p> <p>When deduction type is monthly, this field will not be</p>	Date	C	yyyy-mm-dd	10



ID	FIELD	DESCRIPTION	TYPE	R / O / C	FIELD VALUES	LENGTH														
		included in the XML file.																		
23	Number of Months Covered	<p>Number of months covered by the one-time deduction.</p> <p>This field is populated based upon the type of deduction being referenced.</p> <p>This field will only be populated if the deduction type is one time or limited term.</p> <p>When deduction type is monthly, this field will not be included in the XML file.</p>	Integer	C	###	3														
<b>Control of Totals</b>																				
24	Total Deductions	Sum of all records on the file per transmitted file.	Integer	R	#####	16														
25	Amount Type	Amount type for sum of total amounts.	Code	R	<table border="1"><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Employer Share Amount</td><td>ESA</td></tr><tr><td>Total Premium Amount</td><td>TPA</td></tr><tr><td>Administration Fee Amount</td><td>ADM</td></tr><tr><td>Net Amount</td><td>NET</td></tr><tr><td>Outstanding Balance Amount</td><td>OBA</td></tr><tr><td>Payee Amount</td><td>PEA</td></tr></tbody></table>	LONG NAME	CODE VALUE	Employer Share Amount	ESA	Total Premium Amount	TPA	Administration Fee Amount	ADM	Net Amount	NET	Outstanding Balance Amount	OBA	Payee Amount	PEA	3
LONG NAME	CODE VALUE																			
Employer Share Amount	ESA																			
Total Premium Amount	TPA																			
Administration Fee Amount	ADM																			
Net Amount	NET																			
Outstanding Balance Amount	OBA																			
Payee Amount	PEA																			
26	Total Amount	Sum of the deduction amounts per account type.	Decimal	R	#####.##	12														



### 7.3.1. Deduction Type Code Values

For your reference, the deduction type code values are in the following file.



Deduction Type  
Code Values

CalPERS requires Dental Carriers/Associations to produce XML files that conform to the XSD. Dental Carriers should use the XSD to develop or alter their systems to comply with CalPERS new data file submission standards. The XML Schemas are located on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CalPERS Readiness for Dental Plan Carriers](#).



SOAP Envelope



Common Utilities



Deduction  
Register

The following describes how the content of the Deduction Register XML file sent from CalPERS to Dental Carriers/Associations will be structured. This file will be structured as a SOAP Envelope.

#### Envelope

- The interface file must contain a root element named "Envelope" with the namespace identifier of "http://schemas.xmlsoap.org/soap/envelope/"
- An envelope MUST have exactly one child element called soap:Header
- An envelope MUST have exactly one child element called soap:Body
- An envelope MUST NOT have any element children of soap:Envelope following the soap:Body element

#### Header

- The soap:Header element must have one child element named HeaderInfo with the namespace identifier of "http://calpers.ca.gov/PSR/CommonUtilitiesV1"

#### Body

- The soap:Body element of a file **outbound** from CalPERS must have one child element named DeductionRegister with the namespace identifier of "http://calpers.ca.gov/PSR/DeductionRegisterForVendorsV1"

### 7.4. Deduction Register Reports

DPA Dental Carriers/Associations will have the capability to request various deduction register reports via the my|CalPERS on-line application.

Examples of Deduction Register Reports can be found at [CalPERS Online](#). Just follow the links for [Business Partners](#) and choose the link for link [my|CalPERS Readiness for Dental Plan Carriers](#).



### **7.5. Premium & Enrollment Discrepancy Requests**

Dental Carriers/Associations will have the capability to attach and send files using the my|CalPERS on-line application for purposes of working any premium and enrollment discrepancies. This secure on-line feature eliminates the timely sending and receiving of CD's performed today by allowing Carriers/Associations to upload files (MS Word, MS Excel, PDF, etc.) for a CalPERS Analyst to research.

Examples of Discrepancy reports can be found at [CalPERS Online](#). Just follow the links for [Business Partners](#) and choose the link for link [my|CalPERS Readiness for Dental Plan Carriers](#)

### **7.6. On-line Dental Enrollment Inquiry**

Examples of Dental Carrier/Association on-line screens can be found at [CalPERS Online](#). Just follow the links for [Business Partners](#) and choose the link for link [my|CalPERS Readiness for Dental Plan Carriers](#)

## **8. CALPERS INFORMATION ASSETS**

All CalPERS agreements with external entities will include appropriate non-disclosure language that protects CalPERS Information Assets (CalPERS electronic data). The agreement will affirm that the External Party has sufficient security measures in place to protect the confidentiality, integrity, and availability of each Information Asset transferred. To protect member data, the agreement will state the agreed upon method for storing, using and destroying CalPERS electronic data. The primary parties involved in the agreement will be business owners of the data and custodians who might process the data transfers on behalf of the owner.

Existing agreements may already include sufficient language to protect CalPERS Information Assets. A CalPERS representative will contact the Dental Carrier/Association if CalPERS requires new or amended agreements. In the interim, each Dental Carrier/Association should identify its organization's Owner and Custodian for data shared with CalPERS. The owner and custodian should be individuals in a management or similar position who can make decisions for the Dental Carrier/Association.

## **9. QUESTIONS & CONTACT INFORMATION**

CalPERS provides the following resources to answer your questions:

1. The most up to date information is available at [CalPERS Online](#) including [Frequently Asked Questions \(FAQ's\)](#). Just follow the links for [Business Partners](#) and choose the link for link [my|CalPERS Readiness for Dental Plan Carriers](#); or
2. Send a question to the [MyCalPERS Health Team@CalPERS.ca.gov](mailto:MyCalPERS_Health_Team@CalPERS.ca.gov).



## 10. APPENDIX

### 10.1. *FTP Encryption/Decryption*

FTP Encryption/Decryption is a supplementary document provided in the WinZip file. This supplementary document describes the Encryption Decryption Service, which is designed to allow an external entity (like Dental Carriers) to interact with CalPERS using encrypted data files. The service allows both inbound and outbound transfer of files using standard PGP encryption. This document outlines the requirements for an external partner to utilize this service.

The CalPERS FTP Encryption/Decryption document is located on the Internet at CalPERS Online. Follow the links for **Business Partners** and choose the link [my|CalPERS Readiness for Dental Plan Carriers](#).

### 10.2. *XML Tools and Resources*

XML tools are available on a variety of platforms. The XML tools help IT developers create XML files that adhere to the CalPERS schema. The XML specification defines a standard extensible messaging framework that facilitates data-sharing and information exchange via a variety of underlying protocols. The XML framework is independent of any particular programming language, platform, and other technical criteria. The table below provides links to some of the tools that are available on the Internet to help IT developers prepare an XML Schema.

ToolKit / Information	Location
Java Apache AXIS	<a href="http://xml.apache.org/axis">http://xml.apache.org/axis</a>
Python Web Services	<a href="http://Pywebsvcs.sourceforge.net">http://Pywebsvcs.sourceforge.net</a>
Perl SOAP	<a href="http://www.soaplite.com">http://www.soaplite.com</a>
PHP NuSOAP	<a href="http://www.sourceforge.net/projects/nusoap/">http://www.sourceforge.net/projects/nusoap/</a>
XML	<a href="http://www.xml.org/">http://www.xml.org/</a>
Microsoft Windows Communication Foundation (WCF) – search by “Building Clients”	<a href="http://msdn.microsoft.com/en-us/netframework/aa663324.aspx">http://msdn.microsoft.com/en-us/netframework/aa663324.aspx</a>
C++	<a href="http://www.sqldata.com/SoapClient/SoapClient30.htm">http://www.sqldata.com/SoapClient/SoapClient30.htm</a>

### 10.3. *HIPAA Implementation Guide*

For additional information regarding HIPAA 4010 regulations, the HIPAA Implementation Guide can be found at: [Washington Publishing Company | EDI | HIPAA | XML](#)



## My|CalPERS Online Screens

## My|CalPERS Online Screens



# On-Line Inquiry

1

## Online Secure Web Site



Dental Carriers and Associations will have on-line view access to:

1. Dental Enrollment Inquiry
2. System Administrator (User Access)



# Dental Enrollment Inquiry

1

## PEOPLE SEARCH

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out June 1, 2009

**my|CalPERS**

Home   Profile   Reporting   Person Information   Other Organizations   Loan Eligibility Search

Person Search

Please enter the social security number of the person you are searching for.

SSN/Federal or  
Individual Tax ID:

Search

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# Dental Enrollment Inquiry

1

## PEOPLE SEARCH – PULLBACK MODE

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out    June 1, 2009

**my|CalPERS**

Home    Profile    Reporting    Person Information    Other Organizations    Loan Eligibility Search

Person Search

Please enter the social security number of the person you are searching for.

SSN/Federal or  
Individual Tax ID:

Search

Search Results	Add New	Name	Date of Birth	CalPERS ID
<input checked="" type="radio"/> Smith, John L.		Smith, John L.	04/27/1966	1234567890

Select    Cancel

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# Dental Enrollment Inquiry

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## PARTICIPANT SUMMARY

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out May 5, 2009

**my|CalPERS**

Home My Profile My Benefits My Education

Summary Balance Relationships Service Credit Purchase Payment Profile

Common Tasks  Participant Summary  Profile  Enrollment Summary  Enrollment History  Deduction History  Summary As-Of Date  Health Account Summary  Communication  Undeliverable Date

CalPERS ID: 0123456789  
Gender: Male

SSN: XXX-XX-1234  
Name: Mr. John J Doe III  
Date of Birth: 04/08/1940  
Date of Death: 01/01/2008

Physical Address: 600 K Street  
Sacramento, CA 95814

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\*Required Fields

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# Dental Enrollment Inquiry

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## DENTAL ENROLLMENT SUMMARY (1 OF 2)

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out May 20, 2009

**my|CalPERS**

Home My Profile My Benefits My Education

Summary Benefit Estimate Applications Health Enrollment Bills and Invoices Prepaid Account

Common Tasks Health Account Summary

Menu

Enrollment Summary

Enrollment History

Deduction History

Premium Search Tool

Summary As-Of Date

Health Account Workflow

Health Eligibility Information

Appointment ID: 1234567890

Employer CalPERS ID: 7475859691

Employer: Tulane County

View Notes

View Documents

Update Work Status

Case

Case Summary

Notes

Related Parties

Inquiries

Affiliated Retirement System: CalPERS

Financially Responsible CalPERS ID: 9575153528

Payroll Office Code: 0512 - Name

Affiliated Association: PORAC

Health Enrollment Information

Your Health Enrollment is based on the following information:

Health Enrollment Summary As Of: 07/02/2007

Permanent Separation Date: 05/01/2005

Retirement Date: 06/01/2005

Health Benefit Appointment Same As Health Eligibility: Yes

Enrollment Information

Health Eligibility ZIP Code: 90210

Employer Zip Code Used: No

Region: Los Angeles Area

Participant County: Los Angeles

Medical Group: Group 1

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# Dental Enrollment Inquiry

1

## DENTAL ENROLLMENT SUMMARY (2 OF 2)

### ① Covered Persons Summary

Below are your covered persons for health.

Name	Date of Birth	Dependent Type	Certified	Medical	Dental	Vision
<u>John Doe</u>	04/27/1941	Self	No	Medicare	Yes	Yes
<u>Jane Doe</u>	07/01/1945	Spouse	No	Basic	Yes	No
<u>John Doe Jr.</u>	02/02/1984	Child	No	Basic	Yes	No

### ② Health Plan Summary

Below is your plan and premium information.

Health Benefit Type	Health Plan Name	Party Type	Health Enrollment Status	Participant Share	Employer Share	Health Vesting
Medical	Kaiser Permanente	Self/M & 2+/B	Active	\$90.00	\$90.00	100.00%
Dental	Delta Dental	Self & 1+	Active	\$65.00	\$65.00	100.00%
Vision	VSP	Self	Active	\$0.00	\$0.00	100.00%

### ③ Health Deduction Information

Below are your monthly health deductions.

Month	Medical Deduction	Dental Deduction	Vision Deduction	Medicare Reimbursement	Prepaid Amount	Participant Share Payment Type
May 2007	\$23.00	\$6.00	\$5.00	(\$0.00)	\$25.00	Warrant
June 2007	\$0.00	\$0.00	\$0.00	(\$0.00)	\$0.00	Direct Pay

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# Dental Enrollment Inquiry

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## COVERED PERSON DENTAL INFORMATION (1 OF 2)

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out   April 29, 2009

<b>Common Tasks</b>	<b>Health Account Summary</b>	<b>Qualifying Participant Name:</b> John J Doe III <b>Health Account Status:</b> Retired
<b>Enrollment Summary</b>	<b>Health Account:</b> CalPERS Retiree <b>Qualifying CalPERS ID:</b> 0123456789	
<b>Enrollment History</b>		
<b>Deduction History</b>		
<b>Summary As-Of Date</b>		
<b>Health Account Summary</b>	<b>CalPERS ID:</b> 5461350783 <b>Name:</b> Jane Doe <b>SSN:</b> xxx-xx-5555	<b>Gender:</b> Female <b>Relationship:</b> Niece <b>Dependent Type:</b> Econ Dependent Child <b>Same Address as Primary:</b> No <b>Preferred Address:</b> 11111 Poppyseed Lane Beverly Hills, CA 90210
<b>Covered Person Information</b>		
<b>Financially Responsible Person Information</b>		
<b>Financially Responsible</b>	<b>CalPERS ID:</b> 1234567890	<b>Certification Renewal Date:</b> 09/30/2007
<b>Financially Responsible</b>	<b>SSN:</b> xxx-xx-3333	<b>Medical Coverage:</b> Yes <b>Enrolled in Medical Since:</b> 06/01/2007
<b>Financially Responsible</b>	<b>Name:</b> Jane P. Doe	<b>Dental Coverage:</b> No <b>Enrolled in Dental Since:</b> N/A
<b>Health Coverage Information</b>		
<b>Economically Dependent</b>	<b>Medical COBRA Start Date:</b> 01/01/2007	<b>Dental COBRA Start Date:</b> 01/01/2007
<b>Certification Renewal Date:</b>	<b>Dental COBRA End Date:</b> N/A	<b>Medical COBRA End Date:</b> N/A
<b>Medical Coverage Type:</b> Medicare	<b>Vision COBRA Start Date:</b> N/A	<b>Vision COBRA End Date:</b> N/A
<b>Medical COBRA Start Date:</b> 01/01/2007	<b>Dental COBRA End Date:</b> N/A	<b>Vision COBRA End Date:</b> N/A

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# Dental Enrollment Inquiry

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## COVERED PERSON DENTAL INFORMATION (2 OF 2)

### ④ Disabled Dependent Information

**Disabled Dependent:** Yes  
**Certification Date:** 10/01/2007  
**Certification Expiration Date:** 10/01/2007

### ④ Covered Person Medicare Information

**Medicare HIC Number:** 1234567A  
**Medicare Enrollment Status:** Part A & Part B  
**Current Entitlement Reason:** A  
**Original Entitlement Reason:** B

#### Medicare Part A Information

**CMS Part A Effective Date:** 05/01/2007

**CalPERS Part A Received Date:** 05/20/2007

**Part A Termination Date:**

#### Medicare Part B Information

**CMS Part B Effective Date:** 05/01/2007

**CalPERS Part B Received Date:** 05/20/2007

**Part B Termination Date:**

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# Dental Enrollment Inquiry

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## MANAGE DENTAL SUBSCRIPTION (1 OF 2)

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out April 29, 2009

\* Required Fields

**my|CalPERS**

Home | My Profile | My Benefits | Applications | Health Enrollment | Bills and Invoices | Prepaid Account |

Common Tasks

Summary | Benefit Estimate | My Education | Health Account Summary

Menu

Enrollment Summary | Health Account Summary

Enrollment History | Qualifying CalPERS ID: 0123456789

Deduction History | Health Enrollment status: Retired

Summary As-Of Date | Manage Health Subscription

Health Account Summary | Please review the following health subscription information. If applicable, please provide information on the Affiliated Association Membership and Medicare entitlement.

Health Eligibility Information | Health Benefit Information

Appointment ID: 1234567890 | Appointment ID: 1234567890

Appointment Status: Permanent Separation | Employer CalPERS ID: 7475859691

Membership Date: 04/01/2001 | Employer: Tulane County

Permanent Separation Date: 05/01/2008 | Division: Tulane Hospital

Retirement Date: 06/01/2008 | HBO Phone Number: (916) 555-1234

Health Benefit Appointment No | Medical Group: Group A

Same As Health Eligibility:

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Employer CalPERS ID: 7475859691

Employer: Tulane County

Division: Tulane Hospital

HBO Phone Number: (916) 555-1234

Medical Group: Group A



# Dental Enrollment Inquiry

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## MANAGE DENTAL SUBSCRIPTION (2 OF 2)

<b>Qualifying Person Information</b>	
Qualifying CalPERS ID:	1234567890
Qualifying SSN:	xxx-xx-1111
Qualifying Name:	Bob A. Hope
Survivor of Safety Officer Indicator:	Qualified
Employer:	State
Agency Name:	West Sacramento Fire Department
Date of Death:	04/05/2007
<b>Financially Responsible Person Information</b>	
Financially Responsible CalPERS ID:	1234567890
Financially Responsible SSN:	xxx-xx-3333
Financially Responsible Name:	Jane P. Doe
<b>Health Eligibility ZIP Code</b>	
Health Eligibility ZIP Code:	Personal
ZIP Code:	95814
County:	Sacramento
<b>Affiliated Association</b>	
Affiliated Association:	PORAC

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# Dental Enrollment Inquiry

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## SEARCH CRITERIA

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out May 5, 2009

### my|CalPERS

Home | My Profile | My Benefits | My Education  
Summary | Benefit Estimate | Applications | Health Enrollment | Bills and Invoices | Prepaid Account | \*Required Fields

Common Tasks ▾  
Menu ▾  
Enrollment Summary  
Enrollment History  
Deduction History  
Premium Search Tool  
Summary As-Of Date  
Health Account Summary

Search Criteria for Health Enrollment Summary Snapshot  
Please enter the "as of" date to view a health enrollment summary snapshot.  
Enter Date: \* mm/dd/yyyy

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# Dental Enrollment Inquiry

1

## DENTAL ENROLLMENT HISTORY

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out May 5, 2009

**my|CalPERS**

Home | My Profile | My Benefits | My Education | Health Enrollment | Bills and Invoices | Prepaid Account |

Summary | Benefit Estimate | Applications | Common Tasks | Search Criteria for Health Enrollment History

Common Tasks | Menu | Please enter search criteria to view historical health enrollment transactions.

Enrollment Summary | Enrollment History | Deduction History | Summary As-Of Date | Health Account Summary | Search

Health Benefit Type: Medical | Effective Date Range: mm/dd/yyyy | To: mm/dd/yyyy | Include Recissions?: Yes | Search

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Effective Date	Health Event Type	Health Event Reason	Name	Health Benefit Type	Status
01/01/2009	Add Dependent	Open Enrollment	Shiloh Jolie Pitt	Medical	Future
10/01/2007	Open Enrollment	Add Dependent	Pax Jolie Pitt	Medical	Rescinded
02/02/2007	Add Dependent	Birth/Placement	Zahara Jolie Pitt	Medical	Confirmed
08/01/2006	Add Dependent	Marriage	Angelina Jolie	Medical	Confirmed
07/01/2006	Change Health Plan	Move	Brad Pitt	Medical	Confirmed
01/01/2006	New Enrollment	Time Base & Tenure	Brad Pitt	Medical	Confirmed

Showing records 25-30 < | < 1 2 3 4 5 6 7 8 9 10 ... > | > View Max

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# Dental Enrollment Inquiry

1

## DENTAL TRANSACTION DETAIL

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out May 5, 2009

**my|CalPERS**

Home | My Profile | My Benefits | My Education

Summary | Benefit Estimate | Applications | Health Enrollment | Bills and Invoices | Prepaid Account |

Common Tasks Transaction Details

Menu

Enrollment Summary

Enrollment History

Deduction History

Summary As-Of Date

Health Account Summary

**Name:** Shiloh Jolie Pitt  
**Health Event Type:** Add Dependent  
**Health Event Reason:** Birth/Placement  
**Health Benefit Type:** Medical  
**Effective Date:** 11/01/2007  
**Event Date:** 10/04/2007  
**Received Date:** 10/10/2007  
**Status:** Rescinded

[View Health Enrollment Summary](#)

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# Dental Enrollment Inquiry

## DENTAL DEDUCTION HISTORY

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out April 29, 2009

**my|CalPERS**

Home My Profile My Benefits My Education  
Summary Benefit Estimate Applications Health Enrollment Bills and Invoices Prepaid Account

Common Tasks Health Account Summary  
Menu  
Enrollment Summary  
Enrollment History  
Deduction History  
Summary As-Of Date  
Health Account Summary  
Search Criteria

Health Account: CalPERS Retiree  
Qualifying CALPERS ID: 0123456789  
Health Benefit Type: Medical  
Effective Date Range - From:  To:

Qualifying Participant Name: John J. Doe III  
Health Account Status: Retired

Deduction History

Month	Health Benefit Type	Payment Type	Plan Name	Party Type	Participant Share	Coverage Month
Sep 2007	Medical	One-Time	Blue Shield of California	Self/B	\$100	Oct 07
Sep 2007	Dental	Ongoing	Blue Shield of California	Self & 2+	\$50	Oct 07
Aug 2007	Medical	Ongoing	Blue Shield of California	Self/B & 1/B	\$100	Sept 07
Aug 2007	Dental	Ongoing	Blue Shield of California	Self & 1	\$100	Sept 07
Jul 2007	Medical	Ongoing	Blue Shield of California	Self/B & 1/B	\$50	Aug 07
Jul 2007	Dental	Limited Term	Blue Shield of California	Self	\$100	Aug 07

Showing records 31-36 | <       > |

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# Dental Enrollment Inquiry

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## DENTAL DEDUCTION DETAIL (1 OF 2)

Welcome Patrick | Help | Contact Us | CalPERS On-line | Log Out April 29, 2009

### my|CalPERS

Home My Profile My Benefits My Education

Summary Benefit Estimate Applications Health Enrollment Bills and Invoices Prepaid Account

Common Tasks Name: John Doe CalPERS ID: 0123456789

Menu

- Enrollment Summary
- Enrollment History
- Deduction History
- Summary As-Of Date
- Health Account Summary

Health Account: CalPERS Retiree Qualifying Participant Name: John J Doe III

Qualifying CalPERS ID: 0123456789 Health Account Status: Retired

Deduction Details

Month: September 2007 Deduction Amount: \$200.00

Health Benefit Type: Medical Prepaid Account: \$50.00

Health Plan Name: Kaiser Permanente Participant Share: \$100

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Party Type: Self/M & 2+/B Employer Share: \$300.00

Deduction Type: Ongoing Medicare Reimbursement: \$0.00

Coverage Month: September 2007 Financial Hardship: No



# Dental Enrollment Inquiry

1

## DENTAL DEDUCTION DETAIL (2 OF 2)

### ④ Retroactive Deduction Details

Month:	September 2007	Retroactive Adjustment Amount:	\$300.00
Health Benefit Type:	Medical	Deduction Amount:	\$100.00
Health Plan Name:	Kaiser Permanente	Balance:	\$200.00
Party Type:	Self/M & 2+/B	Medicare Reimbursement:	\$300.00
Deduction Type:	Limited Term	Employer Share:	\$600.00
Deduction Date Ranges			
Coverage Start Month:	April 2007	Deduction Start Month:	September 2007
Coverage End Month:	May 2007	Deduction End Month:	November 2007

### ④ Retroactive Credit Details

Month:	September 2007	Retroactive Adjustment Amount:	\$400.00
Health Benefit Type:	Medical	Medicare Reimbursement:	\$0.00
Health Plan Name:	Kaiser Permanente	Coverage Start Month:	September 2007
Party Type:	Self/M & 2+/B	Coverage End Month:	October 2007
Deduction Type:	Credit		

### ④ Retroactive Payment Details

Month:	September 2007	Retroactive Adjustment Amount:	\$300.00
Health Benefit Type:	Medical	Payment Amount:	\$100.00
Health Plan Name:	Kaiser Permanente	Balance:	\$200.00
Party Type:	Self/M & 2+/B	Payment Type:	One-Time
Employer Share:	\$600.00		
Payment Date Ranges			
Coverage Start Month:	April 2007	Payment Start Month:	September 2007
Coverage End Month:	May 2007	Payment End Month:	November 2007

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# Dental Enrollment Inquiry

1

## RETROACTIVE DETAIL

Welcome Patrick | Help | Contact Us | CalPERS On-Line | Log Out April 29, 2009

**my|CalPERS**

Home My Profile My Benefits My Education

Summary | Benefit Estimate | Applications | Health Enrollment | Bills and Invoices | Prepaid Account

Common Tasks Name: John Doe

CalPERS ID: 0123456789

Menu

Health Account Summary

Health Account: CalPERS Retiree Qualifying Participant Name: John J Doe III

Health Account Status: Retired

Qualifying CALPERS ID: 0123456789

Retroactive Health Adjustment

Coverage Month	Health Benefit Type	Plan Name	Party Type	Payment Type	Retroactive Premium Adjustment:	Participant Share	Employer Share
July 2007	Medical	Kaiser Permanente	Self/B	Reversal	\$0.00	\$0.00	(\$431.00)
August 2007	Medical	Kaiser Permanente	Self/B	Reversal	\$0.00	\$0.00	(\$431.00)
September 2007	Medical	Kaiser Permanente	Self/B	Reversal	\$0.00	\$0.00	(\$431.00)
July 2007	Medical	Kaiser Permanente	Self/B & 2+/B	On-going	\$0.00	\$0.00	\$500.00
August 2007	Medical	Kaiser Permanente	Self/B & 2+/B	On-going	\$0.00	\$0.00	\$500.00
September 2007	Medical	Kaiser Permanente	Self/B & 2+/B	On-going	\$0.00	\$0.00	\$500.00

Showing records 25-30 < | < 1 2 3 4 5 6 7 8 9 10 ... > | > View Max

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## Deduction Register Report

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### Online Secure Web Site



Association Plans and Dental Carriers may view/download their deduction register through my|CalPERS. List of reports available in .pdf format:

- Carrier Register Report -- Summary
- Carrier Payments Summary Report
- Carrier Register Report -- Details
- Carrier Register Report -- Deletes



# Carrier Register Report – Summary

3



## Carrier Payments Summary Report

Deduction Register For Carrier 0006

Kaiser Permanente  
Carrier Name : California

Business Partners CalPERS ID	Agency Name	Coverage Month	Payment Type	Plan Code	Payee Amount	Employer Amount	Premium Amount
1234567890	Stanislaus Fire Department	7/1/2007	Regular	0662	\$4,560.00	\$34,567.00	\$39,127.00
2345678901	Ann J Butler Bank	8/1/2007	Regular	0662	\$4,560.00	\$21,367.00	\$25,927.00
3456789012	City of Oakland	7/1/2007	Regular	0661	\$4,560.00	\$68,379.00	\$72,939.00
4567890123	Alpine Fire Dept.	8/1/2007	Regular	0661	\$4,560.00	\$45,320.00	\$49,880.00
3214567890	Alameda Fire Dept	7/1/2007	Regular	0664	\$4,560.00	\$34,345.00	\$38,905.00
5678901234	Bonnie R Lee Museum	8/1/2007	Regular	0666	\$4,560.00	\$567,100.00	\$571,660.00
7890123456	Butte Fire Department	7/1/2007	Regular	0666	\$4,560.00	\$456,200.00	\$460,760.00
9012345678	City of Oakland	8/1/2007	Regular	0661	\$4,560.00	\$42,134.00	\$46,694.00

9/17/2008 9:52 AM

1



# Carrier Payments Summary Report

3



## Carrier Register Report-Summary

### Deduction Register For Carrier 0006

**Carrier Name :**  
Kaiser Permanente  
California

Payment Type	Total Payee Amount	Total Employer Amount	Total Premium Amount	Total Count
Regular Payments	\$4,567,890.00	\$34,178,904.00	\$38,746,794.00	45678
One-time Payments	\$5,676,890.00	\$74,532,567.00	\$80,209,497.00	3467
Onglong payment	\$5,678,923.00	\$54,321,678.00	\$60,000,601.00	5643
Total Amounts for Carrier :	\$15,923,703.00	\$163,033,149.00	\$178,956,852.00	

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# Carrier Register Report -- Details

3



## Carrier Register Report- Detail

### Deduction Register For Carrier 0006

Carrier Name : Kaiser Permanente  
Carrier Name : California

SSN	Participant's Name	Coverage Month	Payment Type	Plan Code	Payee Amount	Employer Amount	Premium Amount
***-**-3456	Smith, Sisco	7/1/2007	Regular	0662	\$0.00	(\$100.00)	(\$100.00)
***-**-3457	Ben, Jackson M.	8/1/2007	Regular	0662	\$0.00	\$546.72	\$546.72
		7/1/2007	Regular	0661	\$0.00	\$345.00	\$345.00
		8/1/2007	Regular	0661	\$0.00	\$379.00	\$379.00
***-**-7890	Daniels,Karen	7/1/2007	Regular	0664	\$0.00	(\$200.00)	(\$200.00)
		8/1/2007	Regular	0666	\$0.00	(\$100.00)	(\$100.00)
***-**-5678	Rollins,Ron	7/1/2007	Regular	0666	\$0.00	\$567.00	\$567.00
					\$0.00	(\$200.00)	(\$200.00)
					\$0.00	(\$100.00)	(\$100.00)
					\$0.00	\$567.00	\$567.00

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# Carrier Register Report -- Deletes

3



## Carrier Register Report-Delete

### Deduction Register For Carrier 0006

**Kaiser Permanent**  
**Carrier Name : California**

SSN	Participant's Name	Plan code	Effective Date	Health Event type
***_**_3456	Smith, Sisco	0661	7/1/2007	Change Health Plan
***_**_1234	Mark,Jasper	0661	7/1/2007	Cancel Coverage
***_**_5434	Ben, Jackson M.	0661	7/1/2007	Change Health Plan
***_**_2678	Jen,Brown	0661	7/1/2007	Cancel Coverage
***_**_3456	Daniles,Karen	0667	7/1/2007	Change Health Plan
***_**_3482	Lawler,Corinne C.	0664	7/1/2007	Cancel Coverage
***_**_2345	Rollins,Ron	0661	7/1/2007	Change Health Plan
***_**_9854	Daniles,Karen	0661	7/1/2007	Cancel Coverage



# Discrepancy Reporting

2

## Online Secure Web Site

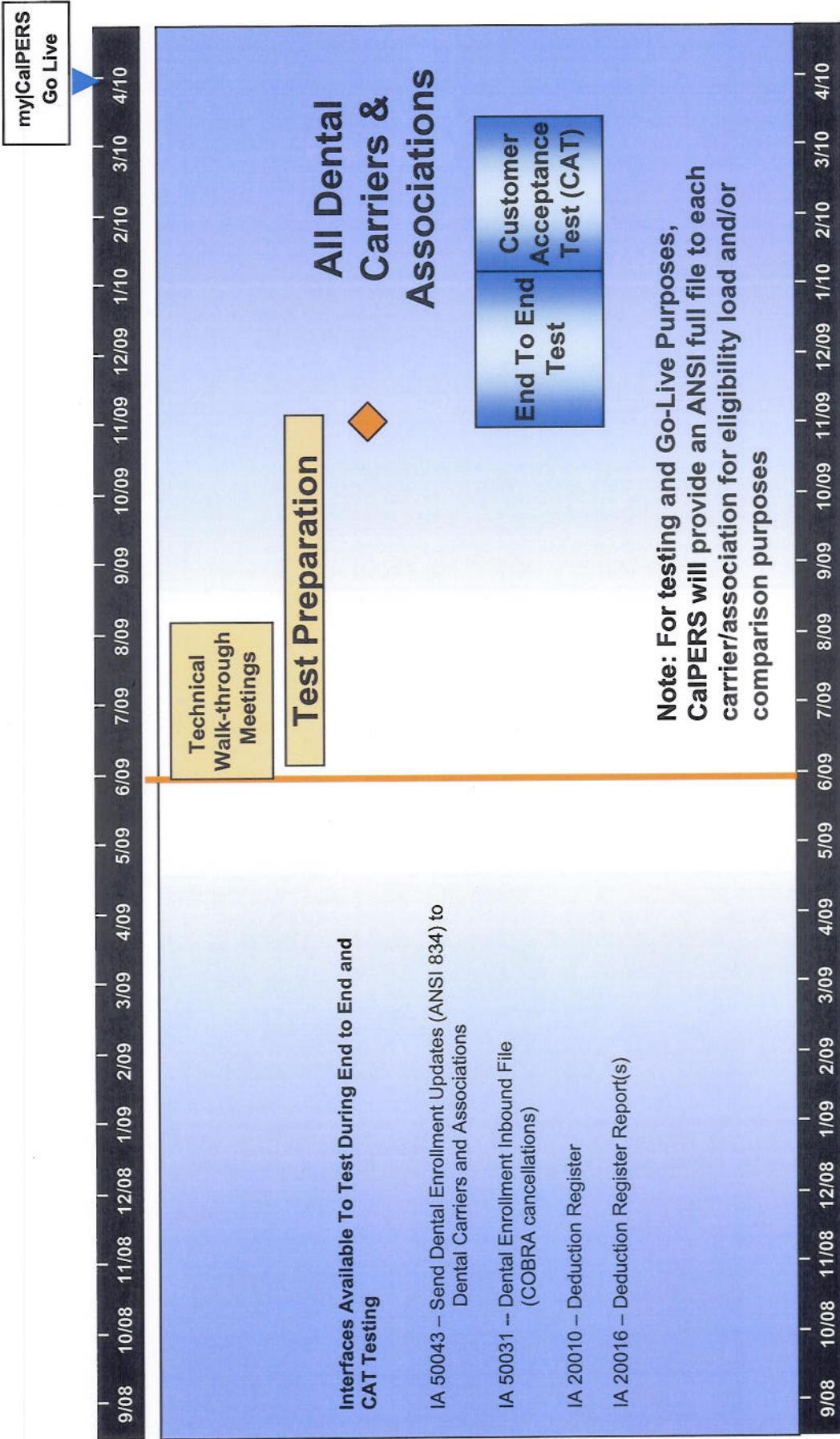


Dental Carriers and Associations will communicate premium and enrollment discrepancies via my|CalPERS.

- Ability to securely upload and download a file (such as Excel or Word) that will go to a CalPERS Health Analyst for processing.
- Status of processing available on-line.



# Testing Timeline





## Training Activities

- Train-The-Trainer (TTT) Approach
  - Estimated to begin Dec 09/Jan 10
  - Focused on On-line Screen functionality
- System Administrator Training (User Set-Up)
  - Estimated to begin Late Summer 2009
  - Standardized for all external business partners
- TTT will be administered through web conferencing (3-5 individuals per carrier/association)



## Key Dates and Next Steps

- 1. Technical Walk-Through Meetings**
  - July – Schedule TODAY
- 2. Monthly Touchpoint Meetings**
  - July- ANSI/XML formats
  - August- On-line screens (web conference)
- 2. Website Updates - Ongoing**
- 3. File/Interface Testing - May 09 - March 10**
- 4. Ready for Testing No Later than Nov 2009**
  - End To End Testing
  - CAT Testing
- 5. On-Line Training – Dec 09/Jan 10**
- 6. Cutover starts April 2, 2010**
- 7. Go Live - **4/19/2010****



## Questions/Contact Information

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Reach us anytime at....

[MyCalPERS\\_Health\\_Team@CalPERS.ca.gov](mailto:MyCalPERS_Health_Team@CalPERS.ca.gov)